



General Assembly

January Session, 2009

Raised Bill No. 6262

LCO No. 2570

02570_____PH_

Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING REGIONAL ACTION COUNCILS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-670 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2009*):

3 [(a)] The Department of Mental Health and Addiction Services shall
4 designate substance abuse planning regions within the state. Such
5 regions and the boundaries of such regions may be redesignated by
6 said department as it deems necessary.

7 [(b) The department shall designate subregions within each region
8 established pursuant to subsection (a) of this section. The boundaries
9 of such subregions may be redesignated by said department as it
10 deems necessary. Each subregion shall be located entirely within the
11 boundaries of a substance abuse planning region.]

12 Sec. 2. Section 17a-671 of the general statutes is repealed and the
13 following is substituted in lieu thereof (*Effective July 1, 2009*):

14 (a) The Department of Mental Health and Addiction Services shall

15 [encourage the establishment of subregional] establish five regional
16 planning and action councils. Such councils shall: (1) Determine the
17 extent of the substance abuse problems within their [subregions]
18 regions; (2) determine the status of resources to address such
19 problems; (3) identify gaps in the substance abuse service continuum;
20 (4) identify changes to the community environment that will reduce
21 substance abuse; (5) design programs that fill identified service gaps
22 and will reduce substance abuse by changing the community
23 environment; and (6) develop and implement a plan to close such
24 gaps.

25 (b) Membership of such councils shall include, but need not be
26 limited to, the chief elected official, the chief of police and the
27 superintendent of schools of each municipality within the [subregion]
28 region, one representative designated by the Commissioner of Mental
29 Health and Addiction Services from each treatment facility operated
30 by the department and serving such [subregion] region, business and
31 professional leaders, members of the General Assembly, substance
32 abuse service providers and representatives of minority populations,
33 religious organizations, representatives of private funding
34 organizations and the media. Such membership requirements may be
35 waived subject to the approval of the department. Members of the
36 councils shall not be compensated for their services but may be
37 reimbursed by the council for necessary expenses incurred in the
38 performance of their duties. The members of the council shall elect, by
39 majority vote, a president and such other officers as may be deemed
40 necessary. The councils shall meet at least quarterly.

41 (c) Each council may employ a director and other necessary staff.

42 (d) Any council which is incorporated as a nonprofit organization or
43 any nonprofit organization acting as fiduciary for a council may apply
44 to the department for a grant for staffing and administrative costs of
45 the council. The department may adopt regulations pursuant to
46 chapter 54 to establish minimum standards for eligibility of the

47 councils to receive state funds. Any state funds received pursuant to
48 this subsection shall be accounted for annually to the department by
49 the grantee.

50 (e) Each council shall provide to the department an annual plan in a
51 manner directed by the department. Such plan shall include: (1)
52 Estimates of the extent of substance abuse within the [subregion]
53 region; (2) identifying gaps in the substance abuse service continuum;
54 (3) activities for coordination of prevention, intervention and treatment
55 within the [subregion] region; (4) activities to develop programs that
56 fill identified gaps in service; and (5) activities to develop and
57 implement changes to the community environment that will reduce
58 substance abuse.

59 (f) Each council may solicit and accept for use local, public and
60 private funds from municipalities, foundations and corporations. Such
61 funds shall be expended to close gaps in the service delivery system
62 identified in the annual plan developed by the council, provided such
63 plan is not in conflict with the department's plan adopted pursuant to
64 subsection (j) of section 17a-451.

65 (g) The activities of each council shall be limited to planning for
66 service development and coordination and shall not include the
67 provision of services to clients.

68 Sec. 3. Subsection (j) of section 17a-451 of the general statutes is
69 repealed and the following is substituted in lieu thereof (*Effective July*
70 *1, 2009*):

71 (j) The commissioner shall be responsible for developing and
72 implementing the Connecticut comprehensive plan for prevention,
73 treatment and reduction of alcohol and drug abuse problems to be
74 known as the state substance abuse plan. The plan shall include state-
75 wide, long-term planning goals and objectives and annual revisions of
76 objectives. In the development of the substance abuse plan the
77 commissioner shall solicit and consider the recommendations of the

78 [subregional] regional planning and action councils established under
79 section 17a-671, as amended by this act.

80 Sec. 4. Subsection (a) of section 17a-456 of the general statutes is
81 repealed and the following is substituted in lieu thereof (*Effective July*
82 *1, 2009*):

83 (a) There shall be a Board of Mental Health and Addiction Services
84 that shall consist of: (1) Nineteen members appointed by the Governor,
85 subject to the provisions of section 4-9a, five of whom shall have had
86 experience in the field of substance abuse, five of whom shall be from
87 the mental health community, three of whom shall be physicians
88 licensed to practice medicine in this state who have had experience in
89 the field of psychiatry, two of whom shall be psychologists licensed to
90 practice in this state, two of whom shall be persons representing
91 families of individuals with psychiatric disabilities, and two of whom
92 shall be persons representing families of individuals recovering from
93 substance abuse problems; (2) the chairmen of the regional mental
94 health boards established pursuant to section 17a-484; (3) one designee
95 of each such board; (4) two designees from each of the five
96 [subregions] regions represented by the substance abuse [subregional]
97 regional planning and action councils established pursuant to section
98 17a-671, as amended by this act; (5) one designee from each mental
99 health region established pursuant to section 17a-478, each of whom
100 shall represent individuals with psychiatric disabilities, selected by
101 such regional mental health boards in collaboration with advocacy
102 groups; and (6) one designee from each of the five [subregions] regions
103 represented by such substance abuse [subregional] regional planning
104 and action councils, each of whom shall represent individuals
105 recovering from substance abuse problems, selected by such substance
106 abuse [subregional] regional planning and action councils in
107 collaboration with advocacy groups. The members of the board shall
108 serve without compensation except for necessary expenses incurred in
109 performing their duties. The members of the board may include
110 representatives of nongovernment organizations or groups, and of

111 state agencies, concerned with planning, operation or utilization of
112 facilities providing mental health and substance abuse services,
113 including consumers and providers of such services who are familiar
114 with the need for such services, except that no more than half of the
115 members of the board shall be providers of such services. Appointed
116 members shall serve on the board for terms of four years each and
117 members who are designees shall serve on the board at the pleasure of
118 the designating authority. No appointed member of the board shall be
119 employed by the state or be a member of the staff of any institution for
120 which such member's compensation is paid wholly by the state. No
121 appointed member may serve more than two successive terms plus the
122 balance of any unexpired term to which such member has been
123 appointed. A majority of the board shall constitute a quorum.

124 Sec. 5. Section 17a-470 of the general statutes is repealed and the
125 following is substituted in lieu thereof (*Effective July 1, 2009*):

126 Each state hospital, state-operated facility or the Whiting Forensic
127 Division of the Connecticut Valley Hospital for the treatment of
128 persons with psychiatric disabilities or persons with substance use
129 disorders, or both, except the Connecticut Mental Health Center, may
130 have an advisory board appointed by the superintendent or director of
131 the facility for terms to be decided by such superintendent or director.
132 In any case where the present number of members of an advisory
133 board is less than the number of members designated by the
134 superintendent or director of the facility, he shall appoint additional
135 members to such board in accordance with this section in such manner
136 that the terms of an approximately equal number of members shall
137 expire in each odd-numbered year. The superintendent or director
138 shall fill any vacancy that may occur for the unexpired portion of any
139 term. No member may serve more than two successive terms plus the
140 balance of any unexpired term to which he had been appointed. The
141 superintendent or director of the facility shall be an ex-officio member
142 of the advisory board. Each member of an advisory board of a state-
143 operated facility within the Department of Mental Health and

144 Addiction Services assigned a geographical territory shall be a resident
145 of the assigned geographical territory. Members of said advisory
146 boards shall receive no compensation for their services but shall be
147 reimbursed for necessary expenses involved in the performance of
148 their duties. At least one-third of such members shall be from a
149 substance abuse [subregional] regional planning and action council
150 established pursuant to section 17a-671, as amended by this act, and at
151 least one-third shall be members of the catchment area councils, as
152 provided in section 17a-483, for the catchment areas served by such
153 facility, except that members serving as of October 1, 1977, shall serve
154 out their terms.

155 Sec. 6. Subsection (a) of section 17a-713 of the general statutes is
156 repealed and the following is substituted in lieu thereof (*Effective July*
157 *1, 2009*):

158 (a) The Department of Mental Health and Addiction Services shall
159 establish a program for the treatment and rehabilitation of compulsive
160 gamblers in the state. The program shall provide prevention, treatment
161 and rehabilitation services for chronic gamblers. The department may
162 enter into agreements with [subregional] regional planning and action
163 councils and nonprofit organizations to assist in providing these
164 services, provided not less than twenty-five per cent of the amount
165 received pursuant to section 12-818 annually shall be set aside for
166 contracts with [subregional] regional planning and action councils
167 established pursuant to section 17a-671, as amended by this act, and
168 nonprofit organizations and not less than five per cent of the amount
169 received pursuant to section 12-818 annually shall be set aside for a
170 contract with the Connecticut Council on Problem Gambling. The
171 department may impose a reasonable fee, on a sliding scale, on those
172 participants who can afford to pay for any such services. The
173 department shall implement such program when the account
174 established under subsection (b) of this section is sufficient to meet
175 initial operating expenses. As used in this section "chronic gambler"
176 means a person who is chronically and progressively preoccupied with

177 gambling and the urge to gamble, and with gambling behavior that
178 compromises, disrupts or damages personal, family or vocational
179 pursuits.

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| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | <i>July 1, 2009</i> | 17a-670 |
| Sec. 2 | <i>July 1, 2009</i> | 17a-671 |
| Sec. 3 | <i>July 1, 2009</i> | 17a-451(j) |
| Sec. 4 | <i>July 1, 2009</i> | 17a-456(a) |
| Sec. 5 | <i>July 1, 2009</i> | 17a-470 |
| Sec. 6 | <i>July 1, 2009</i> | 17a-713(a) |

Statement of Purpose:

To establish five regional action councils for substance abuse prevention and treatment planning.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]